

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034366

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2615

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FILED SEP 4 1963

1. PLACE OF DEATH

a. COUNTY St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Normandy

Length of stay in 1b  
2 wks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Normandy Osteo Hosp

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY St Louis

c. CITY OR TOWN Hanley Hills

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
2100 Midland

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
ETHEL FERGUSON Ferguson

4. DATE OF DEATH Month Day Year  
August 16 1963 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/5/1909

9. AGE (last birthday) 54 54

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and state or country) St Louis Mo

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

Frank Morgan

13b. MOTHER'S MAIDEN NAME

Clara Spaeth

14. NAME OF HUSBAND OR WIFE

Fred Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Fred Ferguson 2100 Midland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Circulatory Failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hemorrhage

48 hours

DUE TO (c) duodenal ulcer

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
CVA -

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug. 2, 1963 to Aug. 16, 1963 and last saw her alive on Aug. 16, 1963  
Death occurred at 6:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
James D. Jones, D.C.

22b. ADDRESS  
5329 Harrison Blvd.

22c. DATE SIGNED  
8/17/63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
8/19/63

23c. NAME OF CEMETERY OR CREMATORY  
Lake Charles

23d. LOCATION (City, town, or county)  
St Louis Co Mo

(State)

24. FUNERAL DIRECTOR  
Ortmann F Home 9222 Lackland Overland Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.  
8-19-63

26. REGISTRAR'S SIGNATURE  
John E. Murphy MD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Al. C. Oetmann

Licensed Embalmer No. 3478

P.O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.